Tuesday January 23, 6:30 am Eastern Time

Press Release

SOURCE: Alexion Pharmaceuticals, Inc.

Alexion Reports Initial Analysis of Clinical Safety and Efficacy Data From Phase IIb Cardiopulmonary Bypass Trial

- Pexelizumab Significantly Reduced Composite of Death or Myocardial Infarction in CABG Patients -

CHESHIRE, Conn., Jan. 23 /PRNewswire/ -- Alexion Pharmaceuticals, Inc. (Nasdaq: ALXN - news) today announced preliminary results of a recently completed Phase IIb trial in patients undergoing cardiac surgery with cardiopulmonary bypass. Alexion's anti-inflammatory C5 Inhibitor monoclonal antibody fragment, pexelizumab, significantly reduced a composite endpoint of death or myocardial infarction at 30 days in patients undergoing coronary artery bypass graft surgery (CABG) with cardiopulmonary bypass (CPB). Alexion is developing pexelizumab in collaboration with Procter & Gamble Pharmaceuticals. Pexelizumab was previously known as 5G1.1-SC.

To more fully discuss these preliminary results, as previously announced, the company will webcast a conference call this morning, January 23, 2001 at 11:00 a.m. eastern time at http://www.alxn.com. The conference call can also be accessed by calling 800-711-5301 (US) or 785-832-0301 (International).

In a double-blind, randomized, placebo-controlled trial which enrolled 914 patients at 62 medical centers in the United States, patients were stratified into two groups, those undergoing only CABG with CPB or patients undergoing CABG with concomitant valve surgery during CPB. Approximately 90% of patients were in the CABG only group (n=796). Patients were treated with placebo, pexelizumab 2.0 mg/kg bolus, or pexelizumab 2.0 mg/kg bolus followed by a 24-hour infusion of pexelizumab at 0.05 mg/kg/hr. Patients were followed for safety and efficacy for 30 days.

Preliminary results show that pexelizumab suppressed complement in CPB patients, with the bolus and bolus plus infusion regimens showing complete suppression for 4 and 24 hours, respectively, and that both regimens appear to be safe and well-tolerated in CPB patients.

``This study provides evidence of benefit for a new approach to limiting myocardial damage during bypass surgery," stated Dr. Robert Califf, Professor of Medicine, Division of Cardiology, Duke University Medical Center and Director of the Duke Clinical Research Institute. ``Given the increasing

number of high risk patients in need of cardiac surgery, this advance could greatly enhance the value of the procedure. The benefits of this alteration of the immune response to injury may have implications far beyond bypass surgery, including a reduction in myocardial necrosis in patients with acute myocardial infarction."

The results in the CABG only group were noteworthy for the observation that pexelizumab, administered as a bolus plus infusion, was associated with an increasing capacity to reduce increasingly large post CABG myocardial infarctions. Pexelizumab reduced non-Qwave myocardial infarctions (CK-MB >100 ng/ml) by 66% (P<.05) at 30 days. Additionally, at 30 days, pexelizumab reduced the death rate from 1.9% in the placebo group to 0.4%, or a relative reduction of 79% (p=NS). As compared to the placebo group, pexelizumab reduced the composite incidence of death or MI (Qwave or non-Qwave) by 41% (P<.05) at 30 days. These unanticipated results based on analysis of this selected subgroup are exciting for not only suggesting a clinically meaningful benefit of pexelizumab in CABG only patients, but also for helping select the optimum dosing regimen and ensuring definition of the most relevant efficacy endpoints and patient population for a Phase III study. A full analysis of the safety and efficacy data is expected to be completed this spring and data is expected to be submitted for publication and presentation.

``The results from this study are novel and provide important insight into the management of cardiac surgical patients," commented Stanton K. Shernan, M.D., Assistant Professor of Anesthesia at Harvard Medical School, Director of Cardiac Anesthesia at Brigham and Women's Hospital, and a lead investigator of the study. ``The preliminary results from this important study, suggest that pharmacological inhibition of terminal complement activation can safely and significantly decrease perioperative myocardial injury in patients undergoing coronary artery bypass grafting. Furthermore, morbidity and mortality associated with myocardial ischemia-reperfusion can be reduced, especially in those patients who experience the most severe degree of perioperative myocardial injury."

``The apparently robust profile of cardioprotection observed with pexelizumab in its first large-scale trial in patients with acute cardiovascular disorders substantially surpassed our pre-trial expectations," stated Leonard Bell, M.D., President and Chief Executive Officer of Alexion. ``Indeed, we believe that the observed reduction in the incidence of post CABG death or myocardial infarction may provide an important clinical benefit if proven in further studies. We are particularly proud since we believe that this is the first large-scale trial of any novel anti-inflammatory drug to show a significant reduction in the incidence of myocardial infarction in patients. Moreover, this is the first large-scale trial to demonstrate that potent and sustained terminal complement inhibition provides clinically important cardioprotection. Pending a full evaluation of the data from this trial, and in conjunction with planned discussions with the FDA and foreign regulatory agencies, we expect to initiate a multi-national pivotal Phase III trial with pexelizumab in CABG patients at the earliest possible opportunity."

``These preliminary results are exciting and if confirmed in a Phase III trial may have a significant impact on CABG patients," said Mark Collar, President - Procter & Gamble Pharmaceuticals, Inc.

According to the American Heart Association, approximately 550,000 coronary artery bypass graft surgery procedures were performed in the U.S. in 1998.

Alexion is engaged in the discovery and development of therapeutic products aimed at treating patients with a wide array of severe disease states, including cardiovascular and autoimmune disorders, inflammation and cancer. Alexion's two lead product candidates are currently in eight clinical development programs. Alexion, in collaboration with Procter & Gamble, has completed this Phase IIb efficacy and safety study in CPB patients, and together the firms are currently conducting two large Phase II studies in acute myocardial infarction patients. Alexion's other lead product candidate, 5G1.1,

has recently completed a Phase II efficacy trial for the treatment of rheumatoid arthritis and we expect to release results after completion of the preliminary analysis. 5G1.1 is also in a Phase II efficacy trial for the treatment of membranous nephritis and in Phase Ib pilot studies for treatment of psoriasis, dermatomyositis, and pemphigoid. Through its wholly owned subsidiary, Alexion Antibody Technologies, Inc., Alexion is engaged in discovering and developing a portfolio of additional antibody therapeutics targeting severe unmet medical needs. This press release and further information about Alexion Pharmaceuticals, Inc. can be found on the World Wide Web at: http://www.AlexionPharm.com.

The Procter & Gamble Company makes and markets 300 brands in 140 countries to nearly five billion consumers. In pharmaceuticals, P&G is focusing on developing and commercializing superior drugs in three therapeutic areas: cardiac, musculo-skeletal, and anti-infective.

This news release contains forward-looking statements. Such statements are subject to certain factors which may cause Alexion's plans to differ or results to vary from those expected including unexpected pre-clinical or clinical results, the need for additional research and testing, delays in manufacturing, access to capital and funding, delays and adverse changes in development of commercial relationships, the risk that the results of earlier clinical trials are not predictive of the safety and efficacy results in larger clinical trials, and a variety of risks set forth from time to time in Alexion's filings with the Securities and Exchange Commission, including but not limited to Alexion's Annual Report on Form 10-K for the year ended July 31, 2000. Except in special circumstances in which a duty to update arises under law when prior disclosure becomes materially misleading in light of subsequent events, Alexion does not intend to update any of these forward-looking statements to reflect events or circumstances after the date hereof or to reflect the occurrence of unanticipated events.

CONTACT: Leonard Bell, M.D., President & CEO of Alexion Pharmaceuticals, Inc., 203-272-2596; or Ernie Knewitz, Media, of Noonan/Russo Communications, Inc., 212-696-4455, ext. 204; or Rhonda Chiger, Investor, of Nexus Communications, 917-322-2569, both for Alexion Pharmaceuticals, Inc.

SOURCE: Alexion Pharmaceuticals, Inc.

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Friday January 26, 5:14 pm Eastern Time

Press Release

SOURCE: Alexion Pharmaceuticals, Inc.

Alexion Reports Additional Information Regarding Phase IIb Cardiopulmonary Bypass Trial and Announces Availability of January 23 Webcast on its Website

CHESHIRE, Conn., Jan. 26 /PRNewswire/ -- Alexion Pharmaceuticals, Inc. (Nasdaq: ALXN - news) today announced the availability on its website of a replay of the January 23, 2001 webcast hosted by Leonard Bell, M.D., Chief Executive Officer of Alexion, discussing initial analysis of clinical safety and efficacy data from a Phase IIb cardiopulmonary bypass trial. A question and answer period is included in this webcast. Alexion's website can be accessed at http://www.alexionpharm.com.

In a double-blind, randomized, placebo-controlled trial which enrolled 914 patients at 62 medical centers in the United States, patients were stratified into two groups, those undergoing only CABG with CPB or patients undergoing CABG with concomitant valve surgery during CPB. Approximately 90% of patients were in the CABG only group (n=796). Patients were treated with placebo, pexelizumab 2.0 mg/kg bolus, or pexelizumab 2.0 mg/kg bolus followed by a 24 hour infusion of pexelizumab at 0.05 mg/kg/hr. Patients were followed for safety and efficacy for 30 days.

Preliminary results from this trial show that pexelizumab suppressed complement in CPB patients, with the bolus and bolus plus infusion regimens showing complete suppression for 4 and 24 hours, respectively. Both regimens appear to be safe and well-tolerated in CPB patients, with observed serious adverse events including atrial fibrillation, infection, right heart failure and hemorrhage, and the most common adverse events observed including atrial fibrillation, nausea and anemia.

The results in the CABG only group were noteworthy for the observation that pexelizumab, administered as a bolus plus infusion, was associated with a reduction in large post CABG myocardial infarctions. Non-Qwave myocardial infarctions (CK-MB >100 ng/ml) were observed in 2.7% of pexelizumab treated patients and 8.0% of placebo patients at 30 days. Additionally, at 30 days, the death rate was 0.4% of pexelizumab treated patients and 1.9% in the placebo group. The composite incidence of death or MI (Qwave or non-Qwave) was observed in 7.8% of pexelizumab-treated patients and 13.2% of placebo patients at 30 days. These unanticipated results based on analysis of this selected subgroup suggest a clinically meaningful benefit of pexelizumab in CABG only patients, and will help us select the optimum dosing regimen and ensure definition of the most relevant efficacy endpoints and patient

population for a Phase III study. The initial primary combined endpoint, which included the more modest non-Qwave definition of CK-MB consistent with smaller, more mild post-operative myocardial infarctions, neurologic deficits and left ventricular dysfunction, was not achieved. The data from the non-Qwave myocardial infarction and the composite of death or myocardial infarction may be more reliable than the data regarding mortality due to the difference in event rates. A full analysis of the safety and efficacy data is expected to be completed this spring and data is expected to be submitted for publication and presentation.

Alexion is engaged in the discovery and development of therapeutic products aimed at treating patients with a wide array of severe disease states, including cardiovascular and autoimmune disorders, inflammation and cancer. Alexion's two lead product candidates are currently in eight clinical development programs. Alexion, in collaboration with Procter & Gamble, has completed this Phase IIb efficacy and safety study in CPB patients, and together the firms are currently conducting two large Phase II studies in acute myocardial infarction patients. Alexion's other lead product candidate, 5G1.1, has recently completed a Phase II efficacy trial for the treatment of rheumatoid arthritis and we expect to release results after completion of the preliminary analysis. 5G1.1 is also in a Phase II efficacy trial for the treatment of membranous nephritis and in Phase Ib pilot studies for treatment of psoriasis, dermatomyositis, and pemphigoid. Through its wholly-owned subsidiary, Alexion Antibody Technologies, Inc., Alexion is engaged in discovering and developing a portfolio of additional antibody therapeutics targeting severe unmet medical needs. This press release and further information about Alexion Pharmaceuticals, Inc. can be found on the World Wide Web at: http://www.AlexionPharm.com.

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Monday January 29, 6:30 am Eastern Time

Press Release

SOURCE: Alexion Pharmaceuticals, Inc.

Alexion Reports Interim Analysis of Clinical Safety and Efficacy Data from Phase II Rheumatoid Arthritis Trial

Increased ACR20 Response Rate Observed with 5G1.1 Treatment

CHESHIRE, Conn., Jan. 29 /PRNewswire/ -- Alexion Pharmaceuticals, Inc. (Nasdaq: ALXN - news) today announced interim results of a recently completed Phase II trial in patients with rheumatoid arthritis treated with 5G1.1, Alexion's anti-inflammatory C5 Inhibitor monoclonal antibody. The prospectively identified primary endpoint of improvement in ACR (American College of Rheumatology) 20 score was successfully met in one of the 5G1.1 treated groups after three months of chronic treatment.

To more fully discuss these preliminary results, as previously announced, the company will webcast a conference call this morning, January 29, 2001 at 9:00 AM eastern time at http://www.alxn.com . The conference call can also be accessed by calling 800-233-2795 (US) or 785-832-1523 (International).

In a double-blind, randomized, placebo-controlled trial which enrolled 209 patients at 28 clinical sites in the United States, patients with mild to moderate disease undergoing treatment with moderate doses of methotrexate were evaluated in one of four treatment arms. Patients were treated with placebo (n=55), 5G1.1 at 8 mg/kg intravenous injection once per week for four weeks and then once every month (Induction/monthly;n=53), 5G1.1 at 8 mg/kg intravenous injection once per week for four weeks and then once every two weeks (Induction/biweekly;n=48), or 5G1.1 at 8 mg/kg intravenous injection once every two weeks (Biweekly;n=53). The patients were evaluated after three months of treatment for safety and efficacy and are then evaluated three months after termination of the drug phase for safety only. While group data has been unblinded at the interim analysis, individual patient data is currently unavailable and will not be unblinded until completion of the final three month safety observation period.

``5G1.1 targets the terminal complement cascade part of the innate immune system," noted John Tesser, M.D., Chief Principal Investigator at the Phoenix Center for Clinical Research, and a lead investigator in the current trial. ``This study describes a new potential therapy which is novel and unique and which differs from all other available biologic therapies for rheumatoid arthritis. These interim results suggest

an important step forward on the path to demonstrating that 5G1.1 may have important clinical activity in the treatment of rheumatoid arthritis."

At the interim three month evaluation, 5G1.1 administration appeared to be safe and well tolerated and we will continue to monitor safety in the second three month period. The adverse event profile at three months was comparable to placebo, with the most common adverse events being nausea and diarrhea. The interim results after only three months of treatment showed that the Induction/monthly group met the primary endpoint of the trial, improvement in ACR20 score after three months of treatment. ACR20 score means that a patient had a 20% improvement in tender and swollen joint count plus 20% improvement in at least 3 of 5 of the following criteria: patient pain assessment, physician global assessment, patient global assessment, patient self-assessed disability and acute phase reactant. The ACR20 response in the Induction/monthly group was 43% as compared to the 20% ACR20 response in the placebo group. Both Induction/monthly and Induction/biweekly groups also met the prospectively identified secondary endpoint for changes in C-reactive protein after three months of therapy (Placebo = +0.4 mg/dl; Induction/monthly = -0.4 mg/dl; Induction/biweekly = -0.2 mg/dl). C-reactive protein is a validated objective measurement of disease activity and is also a component of the ACR criteria. A full analysis of the safety and efficacy data is expected to be available after completion of the final three month safety period, at which time individual patient data will also be unblinded. Additionally, we expect to submit available data for presentation and publication at the earliest opportunity.

``We are encouraged by these preliminary data that 5G1.1 administration in the Induction/monthly group met the primary endpoint of this trial, ACR20 score, after only 3 months of therapy," commented Dr. Christopher Mojcik, a clinical rheumatologist and Vice President of Clinical Development at Alexion. ``Additionally, we are also encouraged that both induction arms suggested clinical activity since they each met an important secondary endpoint with a reduction in C-reactive protein at three months. It is also noteworthy that the current results were obtained in a patient population expected to have mild-to-moderate disease."

``The clinical data obtained in the interim analysis of this study is encouraging, since, if confirmed in subsequent Phase III trials, the data from this study suggest that 5G1.1 may be able to provide a new biologic approach for the chronic treatment of patients with rheumatoid arthritis," stated Leonard Bell, M.D., President and Chief Executive Officer of Alexion. ``Pending a full evaluation of the interim data and final six month safety data from this trial, and in conjunction with planned discussions with the FDA, we expect to initiate a Phase III efficacy trial with 5G1.1 in rheumatoid arthritis patients at the earliest possible opportunity."

It is estimated that more than two million Americans are affected by rheumatoid arthritis, a disease in which the immune system attacks multiple joints as well as the whole body. This chronic immune attack frequently involves multiple organs in the body leading to the onset of fatigue, severe joint destruction, pain and disfigurement.

Alexion is engaged in the discovery and development of therapeutic products aimed at treating patients with a wide array of severe disease states, including cardiovascular and autoimmune disorders, inflammation and cancer. Alexion's two lead product candidates are currently in eight clinical development programs. Alexion is developing its antibody fragment pexelizumab in collaboration with Procter & Gamble, and has completed a Phase IIb efficacy and safety study in CPB patients, and together the firms are currently conducting two large Phase II studies in acute myocardial infarction patients. Alexion's other lead product candidate, 5G1.1, has recently completed the treatment phase of this Phase II efficacy trial for the treatment of rheumatoid arthritis. 5G1.1 is also in a Phase II efficacy trial for the treatment of membranous nephritis and in Phase Ib pilot studies for treatment of psoriasis, dermatomyositis, and pemphigoid. Through its wholly owned subsidiary, Alexion Antibody

Technologies, Inc., Alexion is engaged in discovering and developing a portfolio of additional antibody therapeutics targeting severe unmet medical needs. This press release and further information about Alexion Pharmaceuticals, Inc. can be found on the World Wide Web at: www.AlexionPharm.com .

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Alexion tumbles on confusion over heart-trial drug data

Data provided by REUTERS

Reuters

ABN E U RBN RNP DNP PCO
u f HEALTH-ALEXION FOD-US-DRU-HEA-PG.N-ALXN.O-CPX 01-31 0629
By Ransdell Pierson
NEW YORK, Jan 31 (Reuters) - Shares of Alexion Pharmaceuticals Inc. (NASDAQ: ALXN) fell sharply on Wednesday as analysts cited confusion with trial data on the company's experimental anti-inflammatory drug used to treat patients undergoing heart surgery.

Shares of the Cheshire, Conn.-based biotech firm closed down $7-11/16 to $52-5/16, or almost 13 percent, on the Nasdaq. That follows declines of $9 on Tuesday and $5-3/4 on Monday -- for a total drop of 30 percent since Jan. 26.

Alexion on Jan. 23 issued a statement that indicated clinical trial data showed strong efficacy of its drug, pexelizumab, in reducing death and heart attacks among patients who underwent coronary artery bypass graft surgery (CABG).

In the statement, the company described positive preliminary results from the Phase II trial as "unanticipated" and Alexion Chief Executive Leonard Bell said the data "substantially surpassed ... pre-trial expectations."

Shares of the firm, which is developing pexelizumab in collaboration with the pharmaceuticals unit of consumer products giant Procter & Gamble (NYSE: PG), shot up and closed almost 25 percent higher that day.

But data highlighted in the Jan. 23 release, as it turns out, referred to secondary trial data involving a subgroup of patients tested, not to data about the primary goal of the trial among all 914 patients tested. At the time, many assumed the statement referred to the primary goals of the trial, analysts said.

Alexion issued another statement on the evening of Friday,

Jan. 26, saying the drug actually failed in its combined primary goal, or endpoint, of reducing small heart attacks, neurological deficits and damage to the left ventricle, the heart's pumping chamber.

"In the original press release, there was no mention at all of a primary endpoint, not even a passing reference. It made (the trial) sound like an overwhelming success, when it actually missed its primary endpoint," said drug analyst Robert Leboyer of Leerink Swann & Co.

Another analyst, who asked not to be mentioned by name, said data from the trial were impressive enough that the company now plans a larger Phase III trial of the drug in heart-surgery patients.

"But people don't feel comfortable with the company anymore. There's a lot of disbelief in the data. People would feel more comfortable if Alexion had done an upfront analysis" in the first statement, the analyst said.

Bell, a former Yale professor of medicine, told Reuters in an interview on Wednesday that he and his company had been straightforward with investors and analysts.

"We feel we disclosed everything in a detailed fashion," Bell said. Although the primary goal did not appear in the first statement, Bell said Alexion officials gave a detailed explanation of the primary goals of the trial in a conference call with analysts the day the release went out.

"We fully disclosed (the data on the primary goal) in the conference call. I think we made a full disclosure with about an hour-long discussion when we exquisitely went over our data," Bell said.

Based on favorable results among a subgroup of patients in the heart-surgery trial, Bell said the firm plans to conduct its follow-up Phase III study "in mid-2001."

Procter & Gamble spokeswoman Marlene Feder said Alexion's results were "promising" and that P&G would continue to assist Alexion develop and test the drug.

"Our scientists will work with them to design their clinical trials going forward," Feder said. She declined to comment on Alexion's Jan. 23 statement.

(Additional reporting by Jed Seltzer)

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Drug Trials Hit Corixa, Alexion

Investors in drug makers gain clues to future product success by watching the results as drug candidates pass the milestones of clinical trials. When a drug shows no statistically significant benefit in trials, your investment may be in jeopardy. It can mean that new trials are necessary -- or that the drug's development days are through.

By Tom Jacobs (TMF Tom9)
February 21, 2001

Corixa (Nasdaq: CRXA) and **Alexion Pharmaceuticals** (Nasdaq: ALXN) have recently reported drug trials results that sent their stocks off wildly in all directions. Corixa fell 20% last Thursday on negative news to $19.44, continuing its slide to yesterday's $17.69 close. Alexion jumped 25% to $71.38 on positive news on Jan. 23, only to lose it all and then some to close yesterday at $31.89, scraping a 52-week low. We've seen drug maker stocks plunge when the FDA disapproves a company's drug candidate, but why all the fuss about trial results?

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Why investors watch the trials

Investors value drug makers on the discounted future value of drug candidates in their development pipeline. This is especially crucial for newer biotech drug makers who may have few or no products on the market and minuscule current revenues. They don't have the cushions of big pharmaceutical companies, such as **Pfizer** (NYSE: PFE) or **Johnson & Johnson** (NYSE: JNJ), which have huge diversified revenue bases of both prescription and consumer drugs and other medical products to balance the stumbling of drug candidates in testing.

So investors in smaller biotech drug makers scrutinize results as drug candidates pass through the three phases of clinical (human) trials prior to application to the FDA for approval to market.

- Phase I: Drug safety, about a year and a half, 20% chance of

reaching market
- Phase II: Effectiveness and potential side effects, about two years
- Phase III: Confirming effectiveness in larger patient group, three to four years, about 60.6% chance of reaching market
- New drug application (NDA) with FDA: About 70% chance of reaching market
- FDA approval: About 30% chance of making enough profits to recoup development costs

The farther along in the drug development process, the more likely FDA approval and possible marketing success -- provided that the company has correctly analyzed the cost of drug development against a drug candidate's possible future market prospects. To watch the progress, you can almost always find a company's product pipeline on its website, and companies report drug development milestones in their SEC forms 10-K and 10-Q.

Corixa's psoriasis setback
Corixa reported that its PVAC psoriasis drug candidate "failed to achieve a statistically significant effectiveness in a Phase II trial." Corixa also reported that 15 microgram doses of PVAC seemed to work best, and that it will conduct another trial targeting that dosage level. PVAC targets the 7 million-strong market for moderate to severe psoriasis, a chronic skin disease believed to stem from immune system malfunction leading to skin cells growing faster than the body can shed them, leading to a flaky build up.

While the trial news is far from celebratory, the market's reaction is confusing given Corixa's full pipeline, bolstered through last fall's merger with Coulter and its Bexxar non-Hodgkin's Lymphoma treatment (which now awaits FDA action). Bexxar disapproval would certainly merit a 20% chop of the stock price, but it's hard to understand why the PVAC results do. Risk-tolerant investors comfortable with Corixa's long-term prospects might sniff a buying opportunity as a result.

Alexion's heart attack treatment
Alexion Pharmaceuticals' recent swings are even more curious. Alexion announced positive results from phase II tests of its pexelizumab treatment to reduce heart attack and death among patients undergoing coronary bypass graft surgery (CABG). The company even stated that the phase II trial results were "unanticipated" and that the data "substantially surpasses... pre-trial expectations."

But three days later, the company confirmed that the cited data was not for its primary goal, but a secondary one. In other words, the drug did not reduce *small* heart attacks, neurological deficits, and ventricle damage in CABG patients as originally intended. The stock has lost 60% since then. CEO Leonard Bell said that the company did not mislead investors, because it disclosed everything on a conference call with analysts the day the press release went out.

But what's the big deal? The company went looking mainly for one effect, but found better results for another. Accordingly, the company plans a phase III study in mid-2001 for the drug's successful, secondary goal. It may be a little facile, but drug discovery often involves unintended results. Viagra, anyone?

And a day later Alexion announced positive phase II results for its rheumatoid arthritis treatment. This would normally boost an investor's valuation of the company's future profits, because it increases the chance of a drug's future success. Given the confusion over the heart attack CABG treatment, though, Alexion's stock continued downward.

Know your company's pipeline and cash balance

Lesson? Expect extreme stock price volatility as biotech drug candidates progress through trials. Anything other than unqualified success will spook investors, though a second look may reveal that